

showed the character of the infection to be of varying type. His paper also shows that the point of infection is not the same in every case. It is interesting that in two or three of the cases the teeth proved to be the infecting point, and the question suggests itself, was it the injection of the cocaine by the dentist, or was it the pulling of the teeth which caused the inflammation to start up? In a case which Dr. Davis reported a lawsuit was threatened to prosecute the dentist for introducing the infection, whereas it is very well known that dentists, as a rule, object very seriously to pulling teeth or doing any operative procedures on the mouth when there is a marked inflammation of the structures.

Mention was made by Dr. Price of the lymphatics, and Dr. Thomas likewise referred to the lymphatics carrying the infection from the centre or interior of the mouth to the outside of the jaw in the submaxillary region. Dr. Davis has never thought that the infection was transmitted primarily by the lymphatics. However, in one of his cases Dr. Price mentioned that some of the lymphatics were involved. This is the first case in which Dr. Davis has ever heard of involvement of the lymphatics, as such, being recognized. In other words, although we have lymphatics in profusion along the deep vessels of the neck, yet we do not find isolated enlargement of lymphatic nodes, but we do find inflammation spreading along the cellular tissue.

Dr. Davis thought particular attention should be called to the treatment in the cases reported. He thinks their prompt recovery was due to the vigorous treatment which they received. The appearance of a patient with this condition is really alarming, and when these cases fall into the hands of general practitioners who are not proficient in severe surgical procedures, they are afraid to make such incisions as are demanded in such cases. The extent of the incisions demanded was well shown in some of Dr. Price's cases, in which he made an incision into the mouth from the outside in the median line, and likewise incisions on both sides in the submaxillary region.

THE CONSERVATIVE TREATMENT OF FRACTURES OF THE FEMUR.

DR. A. P. C. ASHURST read a paper entitled End-Results of Fractures of the Femur Treated Conservatively, for which see page 748.

DR. RICHARD H. HARTE said he could not understand why so many surgeons, instead of sticking to old and tried methods of procedure always wanted to try something else just because it was new. He really thinks it remarkable that in fractures of the thigh the results are so good, for he thinks this bone, above all others, is badly treated. Everyone seems to think that in order to treat a fracture of the thigh all that is necessary is to hang on to the heel 6 or 8 pounds of weights, paying no attention to the extension of the leg or the relative position of the sand-bags to the leg.

He thinks Dr. John Ashhurst is the surgeon to whom the greatest thanks are due for the conservative treatment of fractures of the thigh. To obviate the use of sand-bags he reverted to the use of the old-fashioned Dupuytren's splint in conjunction with bran-bags and weights.

Dr. Harte does not recall a single case of ununited fracture of the thigh in his experience. In cases where there are multiple fractures, great allowance should be made, as Nature is only capable of repairing a certain number of fractures at a time. Very often the larger bone is the one which will be the slowest to unite.

DR. G. G. DAVIS said he thought the results in these cases rather surprising. When it comes to fractures below the neck we rather expect unfavorable results, but here in 21 cases of the neck we find 5 cases with apparently perfect functional results; 8 with no disability but a limp; 6 with marked impairment of function; and only 2 incapacitated. It is not infrequent for patients with intracapsular fractures to take to their beds and remain there until they die. Dr. Davis thought if the impairment of function in the 6 cases mentioned even allowed the patients to get around at all, that the results were surprisingly good, particularly when it is remembered that in these cases there were various forms of treatment. He understood that some of the methods pursued were not the so-called modern methods of abduction or lateral traction, but were simply the employment of the ordinary Buck's extension.

DR. A. P. C. ASHHURST, in closing, said that of the 5 patients with fracture of the neck of the femur who recovered without functional impairment, two were children; one was a man 70 years of age. When this latter patient came back to the hospital

with no impairment whatever, it was necessary to look up his history, which showed that the diagnosis had been confirmed by a skiagraph, to convince the examiners that he had really sustained a fracture of the neck of the femur. Dr. Ashhurst added that Dr. Newell and he agreed entirely with Dr. Harte that the question of shortening was of secondary importance, since, as Dr. Harte said, it was of course impossible to know what had been the length of the fractured limb before the accident. He thought, however, if a patient had been so unfortunate as to have one leg an inch or more longer than its fellow, he would have to be congratulated should the result of his fracture enable him to be discharged with two legs of equal length.

GERSONY'S OPERATION FOR THE CURE OF ENURESIS.

DR. GWILYM G. DAVIS presented a young girl, aged 15 years, who was admitted to hospital under his care with the following history: She had had most all of the diseases of childhood besides typhoid fever. Menstruation began at the age of 12, and she stated that she did not menstruate from the vagina but at each monthly period had considerable bleeding from the nose accompanied by headache. A year and a half previously she passed through an attack of typhoid fever at another hospital. She has always been of a nervous disposition and a year ago began to have nocturnal incontinence of urine. She passed urine involuntarily five to seven times each night. She was under treatment for the trouble in the medical ward and was afterwards operated on for appendicitis three months previous to her present operation.

Urine: Sp. gr., 1020, acid, no albumin nor sugar; few epithelial cells; no urethral polypus or other abnormal conditions.

She was etherized and the urethra surrounded by a circular incision and loosened from its surroundings. It was then twisted three-fourths of a turn on its longitudinal axis until a feeling of resistance was experienced, the margin was then sewn to the adjacent tissues by interrupted sutures of fine chromic gut. A catheter was inserted and retained for two or three days. Primary union occurred and she was soon discharged from the hospital cured.

The procedure used in this case was that devised by Gersony (*Centralblatt für Chirurgie*, 1888) and is similar to his well-known operation for incontinence of feces (*Centralblatt für*